

IEP PLANNING SHEET FOR PARENTS

Student's legal name: Middle First Last **Birthdate** Age Parent/Guardian Legal name: Address: **Home Phone: Work Phone:** Medical Diagnosis for your child: Medication given at home and school: To develop the best possible Educational program for your child, we need your input. By answering the following questions you will be providing vital information for your child's IEP. (Please use the back of this paper if more room is required) 1) What do you see as your child's strengths? 2) In what areas do you feel your child could improve? 3) What would you like to see included in your child's IEP this year? 4) What are your child's favorite activities at home?